DATE:	POSITION APPLYING FOR:		Number of
			Attachments:



County of Franklin, Virginia EMPLOYMENT APPLICATION

Department of Human Resources 1255 Franklin Street • Rocky Mount • VA • 24151 • 540-483-6667

FAX 540-483-6669
The County of Franklin is an Equal Opportunity Employer

Where to Find Vacancy Information:

On the Internet:
 http://www.franklincountyva.gov

- Local Newspapers
- The Franklin Center
 - VEC

We appreciate your interest in making Franklin County your employer of choice. Franklin County considers applicants without regard to race, sex, color, national origin, religion, age, otherwise qualified persons with disabilities, or any other factor protected by law. If needed, please contact the Human Resources office for reasonable accommodation in completing this application. In order to qualify for applicant status, you must:

- 1. Type or print in ink (preferably black) a fully completed application and submit it to the Human Resources office. Resumes are welcomed, but are not considered a substitute for the information requested as part of this application. The phrase "see resume" will disqualify an application from consideration.
- 2. Applicants must meet the minimum requirements as stated in the posted job description.
- 3. Applications are only accepted for current open positions. A separate application must be submitted for each vacancy. Applications submitted for anything other than open positions will be filed in an "unsolicited" file and not considered "applicants" unless application is forwarded once a position matching the applicant's skills becomes available.
- 4. If all other requirements are met, an application remains active during the recruiting period for which it was submitted.

Name				
(Last)	(First)	(Middle)		
(Present Mailing Add	dress)	(City)	(State)	(Zip)
E-Mail Address:				
Home Phone:	Cell Phone:	- W		
Rate of Pay Expected \$Hou	orly \$Annually	Would you work fulltime?	☐Yes ☐No	
Specify Days and Hours if Interested in	Part-Time	W		
Are you a current employee or were you	previously employed by us?	Yes No If Yes, when		
If your application is considered favorab	ole, on what date will you be a	vailable for work?		
How did you learn of this employment o	pportunity? Newspaper	□VEC □Internet [County Emplo	oyee
Franklin Center Other (Please s	pecify)			<u> </u>
Do you have a valid driver's license?	Yes No State of	Issue:		
Do you have a valid CDL?	☐Yes ☐No State of	Issue:		

TRAFFIC VIOLATIONS AND/OR CRIMES-OPTIONAL Have you been **convicted** of a traffic violation or crime within the last 10 years? ☐ Yes ☐ No Nature of Violation and Outcome: **EDUCATION** Education information is requested in consideration of the minimum education requirements of the position for which you are applying. Please provide all education or specialized training relevant to the job. Did you graduate from High School? ☐Yes ☐No School Location: City, State If No, Circle Highest Level of School Completed: 1 2 3 4 5 6 7 8 9 10 11 GED If you have a GED, give State of Issue: Complete this item if you have taken courses in business, trade, armed services, correspondence or night school. Name of School Subject Number of Weeks Did you finish? Complete this item if you have taken courses at a college or university Circle Highest Level of College Completed: 1 2 3 4 Name of College of University Major Subject Approx. Semester Degree of Certificate Hours Credit Graduate School: Years Complete: Circle Appropriate # 0 1 2 Name of Graduate School Major Subject Approx. Semester Degree Received Hours Credit

REFERENCES

Please provide three professional/supervisory references from previous employers, professional associations or volunteer agencies.

Please limit Characters on Name & Occupation of Reference if completing on line or error message will occur.

2.	
2.	
2.	
3.	

EMPLOYMENT & VOLUNTEER EXPERIENCE

List below all present and past employment or volunteer experience in detail, beginning with your most recent position: **NOTE: Salary Information is OPTIONAL**

1	Job Title:	Supervisor:	Phone#:
Em	ployer:	Address:	
	es Employed (MO/YR) inEnd	Salary Begin: Salary End:	# Supervised by You:
Hours Per Week:			Reason For Leaving:
	cial Skills:		-
Prir	nary Job Duties (Be Specific):		
2	Job Title:	Supervisor:	Phone#:
Em	ployer:	Address:	
	es Employed (MO/YR) ;in End	Salary Begin: Salary End:	# Supervised by You:
Hours Per Week: Full-Time Part-Time Volunteer		Reason For Leaving:	
Ma	y we Contact this Employer Yes No		

Special Skills:				
Primary Job Duties (Be Specific):				
3 Job Title:	Supervisor:	Phone#:		
Employer:	Address:			
Dates Employed (MO/YR) Begin End	Salary Begin:Salary End:	# Supervised by You:		
May we Contact this Employer Yes No	Hours Per Week: Full-Time Part-Time Volunteer Reason For Leaving:			
Special Skills:				
Primary Job Duties (Be Specific):				
4 Job Title:	Supervisor:	Phone#:		
Employer:	Address:			
Dates Employed (MO/YR) Begin End	Salary Begin: Salary End:	# Supervised by You:		
Hours Per Week: Full-Time Part-Time Volunteer May we Contact this Employer Yes No				
Special Skills:				
Primary Job Duties (Be Specific):				
5 Job Title:	Supervisor:	Phone#:		
Employer:	Address:			
Dates Employed (MO/YR) Begin End	Salary Begin:	# Supervised by You:		
Hours Per Week: Full-Time Part-Time Volunteer May we Contact this Employer Yes No				

Special Skills:	
Primary Job Duties (Be Specific):	
If No, indicate by number, which one(s) you do not wish us to contact and why	
	=======================================
Please list any other skills, qualifications, or experience which you feel would especiall	y fit you for work with the county:
1000 to 1000 t	10.0
The facts set forth above in my application for employment are true and complete. I u on this application shall be considered sufficient cause for dismissal. You are hereby personal history and financial and credit record through any investigative credit age notified in writing as to the reason for the investigation. I understand that I have to reasonable period of time to receive additional, detailed information about the nature report. I understand that I will have an employment criminal background check background check and/or a drug test (if required by position).	authorized to make any investigation of my encies or bureaus of your choice after I am he right to make a written request within a re and scope of this investigative consumer
Signature of Applicant	Date:



County of Franklin, Virginia

Department of Human Resources

FAX # 540-483-6669

Criminal History Record Request

Release of Information Authorization Form

Name:		<u></u>		
	(Last)	(First)		(MI)
SSN:		Date of Birth:		
	(Present Street Address)	(City)	(State)	(Zip)
	(resemestress)	(O.Cy)	(otate)	(=:Þ)
Position	Applied for:			
If applyi	ng for a position which requires opera	tion of a motor vehicle, p	lease provide the state	e of issue and your
driver's	license number: State:	#:		
Purpose	of Request: Employment			
Authoria	zation for Release of Information:			
Franklin, Form. I other lav	ection with my application for employm, Virginia, if requested by the County of also agree to authorize the reporting ago enforcement agency to provide emploperatment of Human Resources.	Franklin, I hereby agree to gency of choice by County	o complete <i>The Releas</i> of Franklin, the Virgini	e of Information a State Police or any
				

Date

Signature of Applicant

VOLUNTARY SELF-IDENTIFICATION (CONFIDENTIAL-FOR STATISTICAL USE ONLY)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:		
Date:		
Name:	Date of Birth	Sex: Male Female
RACE/ETHNICITY: (Please check one of the des	scriptions below corresponding to the	ethnic group with which you most identify.)
Hispanic or Latino – A person of Cuban, Meregardless of race.	exican, Puerto Rican, South or Central A	American, or other Spanish culture or origin
White (Not Hispanic or Latino) – A person I Africa.	having origins in any of the original peo	ples of Europe, the Middle East, or North
Black or African American (Not Hispanic or	r Latino) – A person having origins in a	ny of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Guam, Samoa, or other Pacific Islands.	(Not Hispanic or Latino) – A person ha	ring origins in any of the peoples of Hawaii,
Asian (Not Hispanic or Latino) – A person h Indian Subcontinent, including, for example, C Thailand, and Vietnam.		
American Indian or Alaska Native (Not His and South America (including Central America		* · · · · · · · · · · · · · · · · · · ·
Two or More Races (Not Hispanic or Latino	<u>ס)</u> – All persons who identify with more	than one of the above five races.
Race missing or unknown - Applies to Appl racial or ethnic identification and no further co	•	ition that is screened is received without any
VETERAN STATUS: (Please check one if it describes your veteran s	status.*) * Veteran status may only be	requested after a job offer is made.
SPECIAL DISABLED VETERAN: Means (A) a v retired pay, would be entitled to compensatio rated at 10 or 20 percent in the case of a veter person who was discharged or released from a	n) under laws administered by the Deprain who has been determined to have	partment of Veteran Affairs for a disability a serious employment disability or (B) a
VIETNAM ERA VETERAN: A Vietnam Era vet any part of which occurred between August 5, dishonorable discharge; (2) was discharged or active duty was performed between August 5, served in the Republic of Vietnam between Fe	, 1964, and May 7, 1975, and was disch released from active duty for a service , 1964, and May 7, 1975; or (3) served	arged or released with other than a connected disability if any part of such

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!